

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/009985	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2	/						52					
3	/						53					
4	/						54					
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46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	<i>6</i>						TOTAL IND.					
TOTAL DEP.		<i>15</i>					TOTAL DEP.					
TOTAL CLAIMS	<i>21</i>						TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

ORM PTO-1350 (REV. 3-78)

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